

Docket No: 103.1027.01

**FILE COPY**

RECEIPT  
#8  
CFR  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Banga

Serial No. 09/456,027

Filed: 12/3/1999

For: Computer Assisted Automatic Error  
Detection and Diagnosis of File  
Servers

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APR 06 2001

Group 2100

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail, in an envelope addressed to:

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

on

1/2/01  
Date

Name

**REQUEST FOR CORRECTED FILING RECEIPT**

Honorable Assistant Commissioner  
for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

Dear Sir:

Attached is a copy of the official filing receipt received from the PTO in the above-referenced application for which issuance of a corrected filing receipt is respectfully requested.

There is an error with respect to the following data:

**Error In**

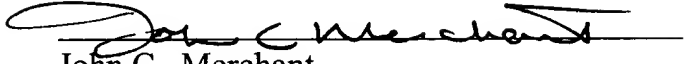
Applicant(s)

**Correct Data**

Gaurav Banga, Sunnyvale, CA

Respectfully submitted,

Dated: 01/02/01

  
John C. Merchant  
Reg. No. 45,996

Swernofsky Law Group  
P.O. Box 390013  
Mountain View, CA 94039-0013  
(650) 947-0700

## FILING RECEIPT



\*OC00000005055966\*

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND  
COMMISSIONER OF PATENT AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/456,027	12/03/1999	2785	968	NAP-042	5	15	4

22883  
SWERNOFSKY LAW GROUP  
P O BOX 390013  
MOUNTAIN VIEW, CA 940390013

Date Mailed: 04/17/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

## Applicant(s)

GAURAV BANGA, ~~San Carlos, CA~~ *SUNNYVALE, CA*

## Continuing Data as Claimed by Applicant

## Foreign Applications

If Required, Foreign Filing License Granted 01/19/2000

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## Title

COMPUTER ASSISTED AUTOMATIC ERROR DETECTION AND DIAGNOSIS OF FILE  
SERVERS

## Preliminary Class

714

Data entry by : BARNES, CAROL

Team : OIPE

Date: 04/17/2000

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*[Signature]*



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COMMISSIONER FOR PATENTS  
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Bib Data Sheet

CONFIRMATION NO. 5872

<b>SERIAL NUMBER</b> 09/456,027	<b>FILING DATE</b> 12/03/1999 <b>RULE</b>	<b>CLASS</b> 714	<b>GROUP ART UNIT</b> 2785	<b>ATTORNEY DOCKET NO.</b> NAP-042	
<b>APPLICANTS</b> GAURAV BANGA, Sunnyvale, CA;					
<b>** CONTINUING DATA *****</b> <i>LC</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>LC</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/19/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials					
<b>ADDRESS</b> 22883					
<b>TITLE</b> COMPUTER ASSISTED AUTOMATIC ERROR DETECTION AND DIAGNOSIS OF FILE SERVERS					
<b>FILING FEE RECEIVED</b> 968	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		